Application # 1250028872 Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

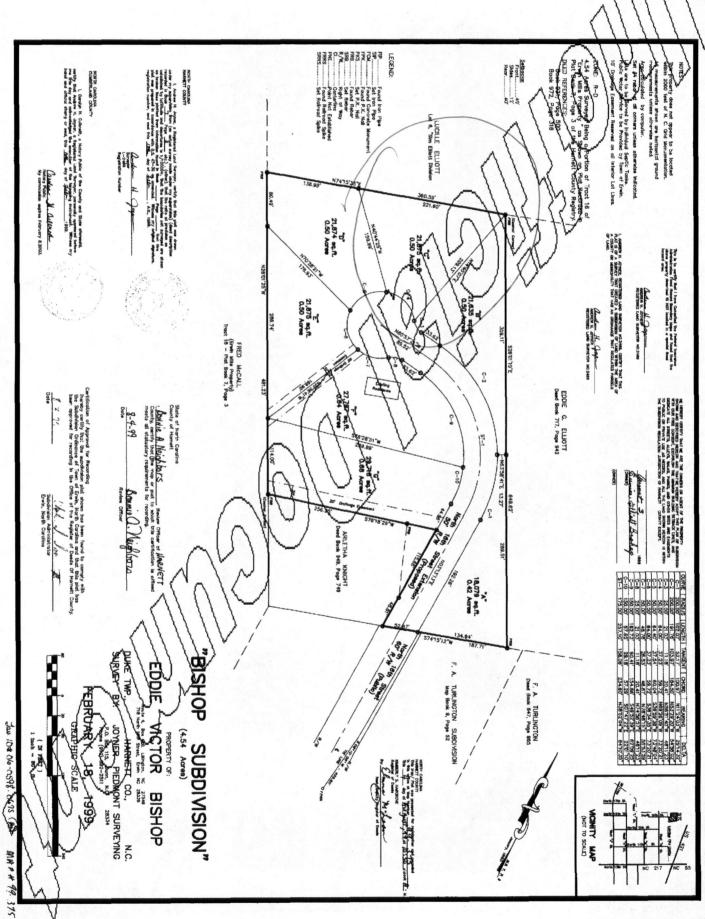
Application for Permit in Town Zoning/Areas Zoned by Municipalities

Name Addre	Owner Information: : Annie 9. Ellist ss: 721 North 1640 St win NC 28339 e: 910-897-4222	Applicant Information: Name: Address: Phone:					
Parce Subdi Lot Si * New s	structures with Progress Energy must provide premise nu	Lot Number: Lot Number: Environ Progress Energy					
Specific Directions to Job from Lillington: take 40/ to they, 42/2/0 typn right on 42/ south until you get to cross Rd 42/+ 217 + 55 turn nght on 217 then right on west NST to North 16th turn Proposed Use:							
(V)	Single Family Dwelling (Size: 30 x Basement: Basement w/ Plumbing:	SO) # of Bedrooms: 4 Bec rm Deck: Slab or Crawl Space					
()	Multi Family Dwelling # of Units:	# of Bedrooms/Units:					
()	Manufactured Home (Size: x Garage: Deck:) # of Bedrooms:					
()	Business Square Footage Retail Space:_	Type:					
()	Industry Size: Typ	e:Use <u>:</u>					
()	Home Occupation # of Rooms:	Use:					
()	Addition to Existing Building Size:	Use:					
()	Other:						
Water Supply: (County () Well () Other Sewage: (New Tank (Complete septic checklist) () Existing Septic (Complete septic checklist) () Sewer There is a \$250.00 charge for new tanks, \$100 for existing tanks. This approval is subject to revocation if the intended use of the septic system changes or if false information is provided on this application. Your signature below certifies all information above is correct. Applicant Signature: Date: 5 1/2							

Site Plan

Amrie Elliott N. 16 ST EewinUL 727 N. 165T

5237377619



NAME: Annie P. Elliott APPLICATION #: *This application to be filled out when applying for a septic system inspection.* County Health Department Application for Improvement Permit and/or Authorization to Construct IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED. THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration) 910-893-7525 option 1 **CONFIRMATION #** Environmental Health New Septic System Code 800 All property irons must be made visible. Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners. Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting. Place orange Environmental Health card in location that is easily viewed from road to assist in locating property. If property is thickly wooded. Environmental Health requires that you clean out the undergrowth to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. Do not grade property. All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready. After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code 800 (after selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request. Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits. Environmental Health Existing Tank Inspections Code 800 Follow above instructions for placing flags and card on property. Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if possible) and then put lid back in place. (Unless inspection is for a septic tank in a mobile home park) DO NOT LEAVE LIDS OFF OF SEPTIC TANK After uncovering outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then use code 800 for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request. Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits. rization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one

	ii apprying	ioi authorizatio	on to construct piease indicate desired system type(s). Can be ranked in order of preference, mast choose one.					
	{}} Acce	pted	{}} Innovative {} Conventional {}} Any					
{}} Alternative		native	{}} Other					
	The applica question. If	nt shall notify the answer is	the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:					
	{}}YES	NO	Does the site contain any Jurisdictional Wetlands?					
	{}}YES	{}}YES {NO Do you plan to have an <u>irrigation system</u> now or in the future?						
	{}}YES							
	{}}YES	{} NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?					
	{}}YES	NO NO	NO Is any wastewater going to be generated on the site other than domestic sewage?					
	{}}YES	NO	NO Is the site subject to approval by any other Public Agency?					
	{}}YES	1 NO	Are there any Easements or Right of Ways on this property?					
	{}}YES	14NO	Does the site contain any existing water, cable, phone or underground electric lines?					
			If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.					
	I Have Read	This Applicat	ion And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And					
	State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.							
	I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making							
	The Site Accessible So That A Complete Site Expluation Can Be Performed.							

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

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DATE



Zoning Application & Permit



Each application should be submitted with an attack the proposed use/structure showing lot

	oposed buildings, parkit v and lo	ng Sir	eas, access drive	es and front, rear, and side yard					
dimensions.									
Name of Applicant	Annie P. Elliatt		perty Owner	Same Applicant					
Home Address	727 North 16+4	20.	me Address	, , ,					
City, State, Zip	Erwin NC. 283=	City	y, State, Zip						
Telephone	910-897-4222	Telephone							
Email		Email							
Address of Proposed Property 727 North 16 the theat									
Parcel Identification	Number(s) (PIN)		0597-48-5308.000						
What is the applicant	requesting to build / what is the								
proposed use of the subject property? Be specific.									
	roposed improvements to the building	ng	//						
or property									
Estimated Project Co									
	us Use of the subject property?								
Does the Property Ac		1/es							
Number of dwelling	/ structures on the property already								
Property / Parcel Size	2			<u> </u>					
Will the Proposed Us	se / Building connect to a septic syste	em?		Ø					
	Owner/Applicant N	Aust I	Read and Sign						
The undersigned property owner, or duly authorized agent/representative thereof certifies that this application and the forgoing answers, statements, and other information herewith submitted are in all respects true and correct to the best of their knowledge and belief. The undersigning party understands that any incorrect information submitted may result in the revocation of this application. Upon issuance of this permit, the undersigning party agrees to conform to all applicable town ordinances, zoning regulations, and the laws of the State of North Carolina regulating such work and to the specifications of plans herein submitted. The undersigning party authorizes the Town of Erwin to review this request and conduct a site inspection to ensure compliance to this application as approved.									
Annie P. Ellich Anne Lellet 4-27-12									
Print Name Signature of Owner or Representative Date									
For Office Use									
Zoning District	R-D Existing Nonconform	ing							
Front Yard Setback	Uses or Features Other Permits Require	Conditional II	se BuildingFire MarshalOther						
Side Yard Setback	Zoning Permit Status	ApprovedDenied							
Rear Yard Setback 40' Fee Paid 50 Date Paid: 5-1-12 Staff Initials: 86									
Comments	<u> </u>		Y - 1						
Signature of Town Representative: Date Approved/Denied: 5/1/12									
3/1/12									